

1.) CORPORATION NAME:

VINTON CHAMBER OF COMMERCE, INC.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BRUCE E. MAYER
1106 E. Washington Ave.
P.O. Box 246**

SCC ID NO: **03705381**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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Vinton, VA 24179

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 116 S POPLAR ST STE 1-A

CITY/ST/ZIP: VINTON, VA 24179

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	SABRINA WEEKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1003 HARDY RD		
CITY/ST/ZIP/CO:	VINTON, VA 24179		

NAME:	STEPHANIE BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	222 S. POLLARD ST		
CITY/ST/ZIP/CO:	VINTON, VA 24179		

NAME:	JIM REYNOLDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	211 E. JACKSON AVE.		
CITY/ST/ZIP/CO:	VINTON, VA 24179		

NAME:	ANGIE C LEWIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC DIR		
ADDRESS:	116 S POPLAR ST STE 1-A		
CITY/ST/ZIP/CO:	VINTON, VA 24179		

NAME:	KATHRYN SOWERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EX. ASSISTANT		
ADDRESS:	1214 JEANETTE AVENUE		
CITY/ST/ZIP/CO:	VINTON, VA 24179		

NAME:	TODD CREASY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	212 POLLARD STREET		
CITY/ST/ZIP/CO:	VINTON, VA 24179		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KYNN DEADRICK DIRECTOR 217 MINNIE BELL LANE ROANOKE, VA 24012	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHANNON DUFF DIRECTOR 323 W. VIRGINIA AVE VINTON, VA 24179	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DON HALLIWILL DIRECTOR 1906 BELLVIEW AVENUE ROANOKE, VA 24036	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRANDT HARRELL DIRECTOR 2508 SASSAFRAS CRICLE VINTON, VA 24179	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH LILES DIRECTOR 702 CLEARVIEW DR. VINTON, VA 24179	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH LIVELY PRESIDENT 1662 MILLWOOD DR. SALEM, VA 24153	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOMMY WOOD DIRECTOR 418 WASHINGTON AVE VINTON, VA 24129	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Chris Pickett DIRECTOR 1090 BYPASS ROAD VINTON, VA 24179	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Bruce Mayer PRESIDENT 1106 E. Washington Avenue Vinton, VA 24179	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Richard Turner DIRECTOR 2902 E. Washington Avenue Vinton, VA 24179	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Allison Finney DIRECTOR 502 Pollard Street Vinton, VA 24179	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	Joy Barlow	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	301 Reserve Avenue		
CITY/ST/ZIP/CO:	Roanoke, VA 24016		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KATHRYN SOWERS	KATHRYN SOWERS, EX.	12/27/2012
_____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	_____ ASSISTANT PRINTED NAME AND CORPORATE TITLE	_____ DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.